



Texas Department of Criminal Justice
Rcvd @ JA MAR 11 2022
OFFENDER
STEP 1 GRIEVANCE FORM

McCoy, Wesley

Offender Name: Wesley McCoy TDCJ # 168774H

Unit: Michaels Housing Assignment: 12 A-35

Unit where incident occurred: Michaels Unit Mental health

12D30 program 2064 FM 2054 Tenn Colony TX

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.
Who did you talk to (name, title)? Mental health Corrslr Jason Lively When? JANUARY 21, 2022
What was their response? I will have a 10st Monday
What action was taken? I told him about my cruel inosel punishments Environment.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On January 21, 2022 On michaels Unit 12 building A pod 35 cell. I talked to my Mental health corrslr, Jason Lively (MHC) About all the human Pen Hh hazards plus neglecting me to do my CANT as fine 1 program done. cruel Unusual punishment, short of staff not getting Canser Mental health provider neither. I showed Mr. lively a bag of dead mouses. 5 dead mouses I have caught and killed. They keep coming into my cell. so I killed the mouses. Only put them in a planter bag. this is all mental health offenders living Galois 12 Building, COMET - Ad-seg all mental health. It's been this way since 2018 - till 2022. I showed him the dead mouses. There a million of them living in a Mental health offenders building. I have been sick already from these mases!! Its not (COVID) they blame everything on the COVID. Medical nurses, doctors, dental all deny my requesting. These mouses all the Correctional officers are foul violating. I am sick now! Of mouses, my allergies is bad. I have asthma bad, harsh coughs, my body breaks out bad around my nose and shoulders!! I am in a unhealthy very HAZARDOUS Environment. I have all evidents of denying all my mental health providers. With in Medical and mental health. Since I have asthma real bad. If a fire start germs spreads, I will suffer bad

Exhibit
OFFICE USE ONLY

Grievance #: 2022056097

Date Received: JAN 25 2022

Date Due: 3/11/22

Grievance Code: 614

Investigator ID #: 2792

Extension Date: _____

Date Retd to Offender: MAR 03 2022

MAR 11 2022

~~bad from 10. Because for I theres no circulation vents. All Unit suppose to have them. I went for air, and I went for sucking germs smoke, dust. This whole building doesn't has it. Theres mold in all these cells. Everything is blamed on covid today!!~~

Action Requested to resolve your Complaint.

I need my allergy melt renewed! Nasal spray, and my Allergy pills! ~~Unit transfer too~~

Offender Signature: *[Signature]***Date:** *January 21/22***Grievance Response:**

You were scheduled for individual therapy pending security and clinical staffing availability. Security escorts were not available during the time of scheduled appointment. MHPM was in agreeance.

Signature Authority: *Dawn Rose, Practice Manager [Signature]***Date:** *3/1/22*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. *
- 3. Originals not submitted. *
- 4. Inappropriate/Excessive attachments. *
- 5. No documented attempt at informal resolution. *
- 6. No requested relief is stated. *
- 7. Malicious use of vulgar, indecent, or physically threatening language. *
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # _____
- 10. Illegible/Incomprehensible. *
- 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.

Medical Signature Authority: _____**I-127 Back (Revised 11-2010)**

OFFICE USE ONLY	
Initial Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
2 nd Submission	
UGI Initials: _____	
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
3 rd Submission	
UGI Initials: _____	
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	



Texas Department of Criminal Justice

STEP 1 **OFFENDER
GRIEVANCE FORM**

Offender Name: Wesley m Coy TDCJ # 168777H
 Unit: Michael Housing Assignment: 12-A-35
 Unit where incident occurred: Michael Unit 12-A-35 2664
FM 2054 Tom Colony TX 75886

OFFICE USE ONLY	
Grievance #:	_____
Date Received:	_____
Date Due:	_____
Grievance Code:	_____
Investigator ID #:	_____
Extension Date:	_____
Date Retd to Offender:	_____

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Mental health program director Stebbins David. When? Dec. 21 - January 13, 2022

What was their response? Short of staff, They all working on it

What action was taken? Short of staff, Mental Health offenders on lockdown 24/7

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

All mental health director Stebbins, and supervisor over the program, Jennifer Sanders. Warden marshall, Warden Michael [REDACTED] mother, the Security Sergeant Biscoe, Joseph, Assistants warden, marshall, CA-MORRIS. From December 2021, to January 13th 2022, 12 building on Michael's Unit Mental health offenders add housing / program has not been making no moves they are so short of staff. But say lockdown cause of covid. Not really can't be!! The following staff names above has been in general population Enjoying with general population, offenders doing, Chess tournaments, and basketball tournaments also Throwing T.V. recreation. During 2022 month of December 2021-2022 of January. Mental health offenders in 12 building doesn't has no same qualities than capabilities. But the diversion program has promised Mental health offenders lots of accomplish goals for activities. But now, we don't get handshakes hugs from Boone! At all! No check ups, we'll have to write several I-160 to see anyone. They laugh at all of mental health and I. There's no bidding what they are doing to us!! I ask every one that has finish the program. Stuck in between the violations that mental health department does and under Wardens supervision. We can't get pictures, they don't talk to bidding the mental health progress, or progress in the News paper, or Eco, To them we are no body. Favoritism, Neglecting, discriminating, manipulating, abandon resources, injustice. JAN 10 2022

Action Requested to resolve your Complaint:

I will like a copy of this following grievance
An to save footage of Todays movements activities from camera

Offender Signature:

Wesley McCay

Date:

January 13th 2022

Grievance Response:

Signature Authority:

Date:

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- 10. Illegible/Incomprehensible. *
- 11. Inappropriate. *

UGI Printed Name/Signature: T. Vassilico Massilico

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY	
Initial Submission	UGI Initials: JV
Grievance #:	2022054302
Screening Criteria Used:	599 #2
Date Recd from Offender:	JAN 20 2022
Date Returned to Offender:	JAN 20 2022
2 nd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
3 rd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____



Texas Department of Criminal Justice

**STEP 1 OFFENDER
GRIEVANCE FORM**

Offender Name: Wesley McCoy TDCJ # 1687791
 Unit: Michael Housing Assignment: 12-A-35
 Unit where incident occurred: Michael Unit 12-A-35
2101647 M 2054 TemColony, TX 75886

OFFICE USE ONLY

Grievance #: _____
 Date Received: _____
 Date Due: _____
 Grievance Code: _____
 Investigator ID #: _____
 Extension Date: _____
 Date Retd to Offender: _____

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.
 Who did you talk to (name, title)? I-60 to Warden, Lonnie E. Townsend IV When? January 1st, 2022
 What was their response? I never gotten that I-60 back
 What action was taken? Theres still rats, and mouses running living in 12 building.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate
I wrote Warden Lonnie E. Townsend IV on I-60 January 1st, 2022 about all these rats, and mouses living throughout Michael's Unit 12 building. Mental health and CMT Housing where offenders lives at. They eat all the commissary, eat off our food trays. Theres a hole in every day room under the toilet a big hole. Theres over a thousands rats, and baby mouses everyday comes and going. That's hazard diseases. That mental health offenders living around. They have these so called traps. Theres no getting rid of these rats, mouses babies. Rats chewing the walls, steal wine, and beers. Thats not legal sacrifice living quarters. Everyone coughing sneezing, and sick here and there. Its not just covid. A living environment as this doesn't make things better. I and other mental health offenders inside 12 building from 2018-2022 has complain about the following briefing! People waking up with mouses on their bunks, I have mouse bites on my shoulder now. But they won't pull me out for medical. They have for years tryed to get rid of the rats, mouses, they are having babies everyday. Its too out of hand to stop these rodents. They live over the unit, outside, on the doc yard. Its not legal specially the chow hall/kitchens.
JAN 18, 2022

JAN 18 2022

Action Requested to resolve your Complaint.

*Any place safer than Michaels Unit
be transferred to? Also same footage from camera from today & nothing
Wesley McCoy*

Offender Signature:

Date: January 16th 2022

Grievance Response:

Signature Authority: _____ **Date:** _____

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- 10. Illegible/Incomprehensible. *
- 11. Inappropriate. *

M. Price

UGI Printed Name/Signature: _____ *M. Price*
Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.
Medical Signature Authority: _____

OFFICE USE ONLY	
Initial Submission	UGI Initials: <i>[Signature]</i>
Grievance #:	<i>20220529-U</i>
Screening Criteria Used:	<i>5250</i>
Date Recd from Offender:	<i>JAN 18 2022</i>
Date Returned to Offender:	<i>JAN 18 2022</i>
2nd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
3rd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____



Texas Department of Criminal Justice

**OFFENDER
STEP 1 GRIEVANCE FORM**

Offender Name: Wesley McCoy TDCJ # 168774H
 Unit: Michael Housing Assignment: 12-A-35
 Unit where incident occurred: Michael Unit 12-A-35
2664 FM 2054 Tenn Colony 75886

OFFICE USE ONLY

Grievance #: _____
 Date Received: _____
 Date Due: _____
 Grievance Code: 599
 Investigator ID #: 2792
 Extension Date: _____
 Date Retd to Offender: _____

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? This Correctional officer not tag on When? January 15 2022

What was their response? We mental health offenders on 12 building Covid lockdown.

What action was taken? They gave us an shower, put us in the cell 24/7

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

These officers not wearing a name tag. So I say on January 15 2022 I never gave showers. Then put us back into the cell. As usually we stayed in the cell all day never been back out the cell. Mental Health diversion program on Michael Unit 12 building program director Stebbins and supervisor on the program standards. They let this Unit treat us foul and unusual punishment, verbally abuse, no telling us wearing name tags at all only a few!!! They are saying covid lockdown. There were a lot of general population inmates. Coming to 12 building. To help feed cold trays or cold less sandwiches or clean up, or just walking around. The cleaning inmates comes around. general population inmate have chess, basket ball tournaments, 12 building mental health offenders as usual are being violated our rights, all above. Turned up every day. We have had food, Johnnie sacks cold food that causes food poisoning. They cannot say what they are doing is not correct. Everyday the staff verbally abuse the mental health offenders. Walk around the pod, Start, and if we complain! They all willing to laugh. And never have to get discipline of what they have been violating against all mental health offenders. JAN 20 2022

Action Requested to resolve your Complaint.

I need a outside representative (legal)
for mental health offenders, and a Unit Transfer

Offender Signature:

Mesley McCoy

Date:

January 15, 2022

Grievance Response:

Signature Authority:

Date:

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- 10. Illegible/Incomprehensible. *
- 11. Inappropriate. *

UGI Printed Name/Signature: T. Vassilios Wassileos

UGI II

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY	
Initial Submission	UGI Initials: <u>P</u>
Grievance #:	<u>2022059304</u>
Screening Criteria Used:	<u>599 #2</u>
Date Recd from Offender:	<u>JAN 20 2022</u>
Date Returned to Offender:	<u>JAN 20 2022</u>
2 nd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
3 rd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____